



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

1000 Washington Street, Suite 810 Boston, MA 02118-6200
 (617) 521-7794 • FAX (617) 521-7771
<http://www.mass.gov/doi>

Application for Risk Certificate Waiver for the Term
March 1, 2015 – February 29, 2016

Under Massachusetts General Laws Chapter 176T and the Division of Insurance Regulation 211 CMR 155.05, a Risk-Bearing Provider Organization may apply for a “Risk Certificate Waiver” if it wishes to demonstrate that its Alternative Payment Contracts¹ do not contain significant Downside Risk².

Directions: Each “Yes” or “No” question is to be answered by marking an “X” in the appropriate space. All questions should be answered unless otherwise noted. Once completed, please submit this application and related attachments via electronic mail to the Division of Insurance at DOI.RBPO@state.ma.us.

1. Name of the Risk-bearing Provider Organization: _____
 Federal Employer Identification Number (FEIN): _____

2. The following information is required of the individual (within the Risk-Bearing Provider Organization) who is designated to be the Division of Insurance’s primary contact;

Name: _____
 Title: _____
 Mailing Address: _____
 E-mail Address: _____
 Phone: _____ Fax: _____

3. Was the applicant’s Net Patient Services Revenue (“NPSR”), where NPSR is defined the total dollar amount of a Provider Organization's charges for services rendered in a Fiscal Year, less any contractual adjustments, from carriers and third party administrators in the 2013 Fiscal Year *less than* \$15,000,000?

Yes ___ No ___

If “Yes” attach the calculation and applicable support documents and proceed to item 7. *Please note* that the burden is on the applicant to affirmatively demonstrate that its NPSR is below the referenced threshold.

4. Provide a list of the official names of the Health Care Payers and Employers with which the applicant is seeking to enter into or has already entered into an arrangement to manage the treatment of a group of

¹ “Alternative Payment Contract” is defined in 211 CMR 155.02 as “[a]ny contract between a Provider or Provider Organization and a Health Care Payer, Employer or individual, which utilizes Alternative Payment Methodologies.” Within 211 CMR 155.02, Alternative Payment Methodologies are defined as “[m]ethods of payment that are not solely based on fee-for-service reimbursements; provided, however, that “alternative payment methodologies” may include, but shall not be limited to, shared savings arrangements, bundled payments, and global payments; and further provided, that “alternative payment methodologies” may include fee-for-service payments, which are settled or reconciled with a bundled or global payment.”

² “Downside Risk” is defined in 211 CMR 155.02 as “the risk taken on by a Provider Organization as part of an Alternative Payment Contract with a Health Care Payer, Employer, or individual in which the Provider Organization is responsible for either the full or partial costs of treating a group of patients that may exceed the contracted budgeted payment arrangements.”

patients, and a statement describing the type(s) of payment arrangement entered into with each Health Care Payer and Employer.

5. Is the applicant seeking to enter into or has already entered into directly with individuals to manage the treatment of a group of patients?

Yes ____ No ____

6. Provide sufficient information to demonstrate that the applicant's existing or proposed arrangements to manage the treatment of a group of patients according to the terms of one or more Alternative Payment Contracts does *not* contain significant downside risk. Include the following information:

- the amount and proportion of projected or budgeted NPSR in its 2014 Fiscal Year that is subject to Downside Risk;
- the steps that the applicant has taken to prepare for and manage its Downside Risk; and
- the comprehensive set of reasons, including quantitative justification, that the applicant asserts that its projected or existing contractual Downside Risk should not be considered to be "significant."

7. Provide evidence the required \$250.00 filing fee has been submitted to;

Commonwealth of Massachusetts
Division of Insurance
Company Licensing Section / RBPO Application Filing Fee
1000 Washington St, Suite 810
Boston, MA 02118-6200

Applicant Officers' Certification

I have reviewed the materials that are being submitted by the applicant to the Massachusetts Division of Insurance in support of its application for a Risk Certificate Waiver pursuant to 211 CMR 155.05, and I now state that they are correct, accurate and complete to the best of my knowledge.

Signature

Date

Printed Name

Title